## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

747274

| (Column 1) (Column 2)                                                                                                                                                                                                                                                                             |                                                |                                           |                       |                                |              |                  |    | SMALL ENTITY TYPE  |                        |       | OTHER THAN OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------------|--------------------------------|--------------|------------------|----|--------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                      |                                                |                                           |                       |                                |              |                  | Г  | RATE               | FEE                    | 1     | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                               |                                                |                                           | NUMBER FILED          |                                | NUME         | BER EXTRA        |    | BASIC FEE          | 355.00                 | OR    | BASIC FEE                  |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                           |                                                |                                           | 39 minus 20= * 1      |                                |              | 9                |    | X\$ 9=             | 171                    | OR    | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                   | DEPENDENT CI                                   |                                           |                       |                                |              | ,                |    | X40=               | 240                    | OR    | X80=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                  |                                                |                                           |                       |                                |              |                  |    | +135=              |                        | OR    | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                          |                                                |                                           |                       |                                |              |                  | L  | TOTAL              | 764                    | OR:   | TOTAL.                     |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                       |                                                |                                           |                       |                                |              |                  |    |                    |                        | _     | OTHER                      | THAN                   |
|                                                                                                                                                                                                                                                                                                   |                                                | (Column 1)                                | (Column 2) (Column 3) |                                |              | SMALL ENTITY     |    |                    | OR                     | SMALL | ENTITY                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                       |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                   | Total                                          | *                                         | Minus                 | **                             |              | = .              |    | X\$ 9=             |                        | OR    | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                   | Independent<br>FIRST PRESE                     | *<br>ENTATION OF MU                       | Minus (               | ***<br>PENDENT                 | CLAIM        | =                |    | X40=               |                        | OR    | X80=                       |                        |
|                                                                                                                                                                                                                                                                                                   | 7                                              |                                           | JEIII CE DEI          | 1                              | OLAIM        |                  |    | +135=              |                        | OR    | +270=                      |                        |
|                                                                                                                                                                                                                                                                                                   |                                                |                                           |                       |                                |              |                  | A  | TOTAL<br>DDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                   |                                                | (Column 1)                                |                       | (Colur                         | mn 2)        | (Column 3)       | _  |                    |                        |       |                            |                        |
| ENT B                                                                                                                                                                                                                                                                                             |                                                | CLAIMS REMAINING AFTER AMENDMENT          |                       | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                                                                                                         | Total                                          | *                                         | Minus                 | **                             |              | =                |    | X\$ 9=             |                        | OR    | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                   | Independent                                    | *                                         | Minus                 | ***                            |              | =                |    | X40=               |                        |       | X80=                       |                        |
| `_                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                       |                                |              |                  |    |                    | <del></del> -          | OR    | 7,00-                      |                        |
|                                                                                                                                                                                                                                                                                                   | •                                              |                                           |                       |                                | ·            |                  | L  | +135=              |                        | OR    | +270=                      |                        |
|                                                                                                                                                                                                                                                                                                   |                                                |                                           | •                     |                                |              | /                | Al | TOTAL<br>DDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                   |                                                | _(Column 1)                               |                       | (Colun                         | nn 2)        | (Column'3)       | 7  | 3                  |                        |       |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                       |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUME<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON                                                                                                                                                                                                                                                                                               | Total                                          | *                                         | Minus                 | **                             |              | =                |    | X\$ 9=             |                        | OR    | X\$18=                     | <u> </u>               |
| ME                                                                                                                                                                                                                                                                                                | Independent                                    | *                                         | Minus                 | ***                            |              | =                | ╽├ | X40=               |                        | Ì     | X80=                       |                        |
| _                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                       |                                |              |                  |    | ∧40≡               |                        | OR    | ∧o∪=                       |                        |
| * If the entry in column 1 is less than the entry in column 2 write "0" in column 2                                                                                                                                                                                                               |                                                |                                           |                       |                                |              |                  |    |                    |                        | OR    | +270=                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** TOTAL ADDIT. FEE  *** Total OR ADDIT. FEE  *** Total OR ADDIT. FEE  *** Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                       |                                |              |                  |    |                    |                        |       |                            |                        |